

DEPARTMENT OF ENVIRONMENT AND CONSERVATION Water/Wastewater Operator Certification Application for Certification of Competency

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Important Information

An original, notarized application must be filed with the Certification Office a minimum of sixty days (postmark date) prior to the examination date and must be accompanied by a \$65.00 non-refundable application fee. Applications received less than sixty days prior to an exam will be considered for the next scheduled exam. Information regarding incomplete applications must be returned in writing within ten days after receipt of request, or prior to the Board meeting (whichever comes first), or application will be denied. Copies of the original application are not acceptable.

Applicants requesting disability accommodation for the Water and Wastewater Certification Examinations must give notice to the Operator Certification Board by marking the "Disability" section on page 6 of the "Application for Certificate of Competency". The application must be completed and submitted as specified in Rule 1200-1-5-.01.

In order to process an application for certification as a water or wastewater operator, we have to ask for certain personal identity information. It is required that you submit this information under state and federal law T.C.A. §36-5-711 and 42 USC §654a. This information is for the use of the department and is not disclosed to the public.

Effective May 22, 2007, verification of work experience must be provided in a written document signed by a certified operator of similar or higher classification, familiar with the applicant's work experience.

Read the application carefully and follow the instructions on the application. The information provided will be used to determine your qualifications to take the exam. An incomplete application will cause delays and possible denial of your application for this examination. Be sure to complete each area of the application and include all required documentation.

Applications with job descriptions that conflict with previous examination applications will be denied.

The "Rules Governing Operator Certification" provide for the revocation of the certificate and the assessment of a civil penalty if it is determined that the certificate was obtained through fraud, deceit or by the submission of inaccurate data regarding your qualifications on the application for a certificate.

Instructions for Completing the Application

- Check "by examination" or "by reciprocity". Reciprocity application should indicate state, license classification and license number.
- Circle one (1) classification. A separate application must be submitted for each classification for which you are applying. There is a \$65 nonrefundable fee for each classification of certification for which you apply.

- **3.** Complete all the personal information. All correspondence concerning your application will be sent to the address on the application.
- Complete the education section. A copy of your high school diploma or GED must be submitted with your application unless you have one on file or are having transcripts submitted.
- College transcripts must be submitted directly to the Board by the college or university, if college work is being claimed as credit for experience, or the degree is required.
- List all courses related to operations and attach proof of completion. If you are enrolled in a course, that may be noted as well.
- Job pages The job page should accurately reflect the work activities you perform on your job for the <u>time</u> period specified.

Begin with your present employment and work backwards listing your experience. Complete a job page for each job. Each time you changed employers or each time your duties significantly changed, complete a new job page. If you need additional pages, make copies and attach them to the application.

The top of each job page asks for the beginning and ending employment dates. This should reflect the month and year you began this job or these activities and the month and year you ended this job and activities.

You will notice four sections (or Work Areas) on each job page. One for Water Treatment, Distribution System Operation, Wastewater Treatment and Collection System Operation. You should use the checklist to document ALL experience that you have in EACH Work Area. At the end of each Work Area you will notice the "Total % time spent in the above checked activities" blank. You should specify the percentage of your total time dedicated to this Work Area. The entire job page should not total more than 100%

If you held more than one position with the same employer with different duties or different levels of responsibility, list the positions separately as though they were for separate employers.

List any duties not covered at the bottom of the page or feel free to attach additional information.

8. The application must be signed and notarized.

CN-0704 (Rev. 08-07) RDA 2404

APPLICATION FOR CERTIFICATE OF COMPETENCY Water and Wastewater Operator Certification Board

1.	Mark either "Examination" or "Recapplicants should indicate state, lice	ciprocity" to indicate how you want younse classification, and license numbe	our application considered	d. Reciprocity
		Exam Reciprocity (If reciption wastewater certificate in the state of		
2.	Circle only 1 classification. A sepapplying.	arate application must be submitted f	or each classification for	which you are
	Wastewater Classifications	Water Classifications	For Board U	se Only
	Biological Natural	Small Water System	Education	
	Wastewater Treatment 1	Water Treatment 1	Months of Experience	
	Wastewater Treatment 2	Water Treatment 2	Work O.E.	
	Wastewater Treatment 3	Water Treatment 3	College O.E	
	Wastewater Treatment 4	Water Treatment 4	TOTAL	
	Collection Systems 1	Distribution Systems 1	Recommendation	
	Collection Systems 2	Distribution Systems 2	Reviewer	
			Date of Exam	
			Comments	
3.	Complete all of the following person address entered below.	nal information. All correspondence c	oncerning your application	will be sent to the
	Last Name:	First Name: _		_ M/I:
	Mailing Address:			
	City:	State: 2		
	Work Phone: ()	Home Phone: () _	———— Eye Col	lor
	Social Security Number:	Birthdate:	// Sex	
	Employment County:	Resident County:		
	Currently Employed At:			
	Tennessee Facility I.D. Number:	PWSID# NPDES# _		
	Check the division of the State where	e you wish to take the exam:		
	East	Middle West		

4.	A copy of your high school diploma or GED certificate must be submitted with your application unless you have one o file or are having college transcripts submitted.				
	Are you a high school graduate?	Yes	No	Date of graduation	·
	If not, do you have a GED certificate?	Yes	No	Date received GEI)
5.	If a college degree is <u>required</u> for the class <u>credit for experience</u> , transcripts must be su using your college transcript for <u>proof of his</u> school.	ification for ubmitted dire gh school e	which you ar ectly to the B ducation, the	e applying or if college oard by the college or use transcript does not ha	work is being claimed as university. If you are <u>only</u> ve to be mailed from the
	Have you graduated from a college or uni	versity? Y	es	No	
	School		Year _	Degree N	lajor
6.	List courses and seminars which relate to included, and course descriptions or catalog	water/wastes should be	attached.	ations. Proof of succes	·
	School, Seminars, and O	ther Trainin	g in Water o	r Wastewater Operatio	ons
	Course			Provider	Length of course
	Instruction	ns for Cor	mpleting J	ob Pages:	
7.	The following three pages are available for of the following three pages are available for of the following three pages, make copies of the used to determine your qualifications to the following three pages are available for the following thr	describing re of these page ake the exan	elated job act es and attach	ivities. Complete a job to this application. The	page for each related job. e information provided will
	Begin with your present or most recent job.			umbers for Tennessee	facilities. For each facility

Begin with your present or most recent job. List NPDES or PWSID numbers for Tennessee facilities. For each facility that does not have a Tennessee I.D. number, request and complete a Supplement A/B Form.

On each job page are four checklist sections describing operating activities. Place a check mark beside each activity you performed while in that job. At the bottom of each section, list the total percent of time required to perform the activities checked. If the checklist does not adequately describe all of your duties and experience, use the blanks at the bottom of the page for additional information. The total percentage for any job page must not exceed 100%.

To reach your local ENVIRONMENTAL ASSISTANCE CENTER Call 1-888-891-8332 OR 1-888-891-TDEC

Job A: (List most recent position.) (For instructions, see Number 7, page 3.) (Do not show more than 100% for your TOTAL activities in this job.)					
Employed: F	rom	•			
					ediate Supervisor:
TN NPDES #		or TN PWS	ID #	Average Numb	per Hours Worked Per Week:
			Water Treatment	Operations Secti	ion
The following a	ctivities are accep	otable for water	r treatment plant ope	erating experience. P	Please place a check mark beside each activity ne activities which you checked.
Opera	ation & maintenance 1 of coagulant feed : 1 of filtration system 1 of fluoride feed sys 1 of stabilization fee 1 of hypochlorination	e (O & M) of pret systems s stems d systems n and gas chlorir	reatment systems		Performance of laboratory control tests Interpret laboratory results and make adjustments to improve effluent quality O & M of pumps and motors Plant & ground maintenance
		Г	Distribution Syste	m Operations Sec	etion
The following a	ctivities are accep				e. Please place a check mark beside each activity ne activities which you checked.
Ope	eration & maintena M of booster stat M of fire hydrants M of valves M of storage tank ribution system fle	ance (O & M) c tion s ks ushing			Pipeline installation Installation of taps Leak detection Leak repairs Meter reading Cross Connection Control
70 11111					
The following a				ent Operations Se	
Inte	The following activities are acceptable for wastewater treatment plant operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked. Interpret process control data for plant operations Adjustment of wastewater levels or flow patterns through a lagoon system such as bar screens, grit chambers, comminutors, etc. Control of solids pumping from clarifiers Control of solids pumping from clarifiers Control of scum removal in clarifiers Control of return and waste sludge rates Control of aeration rates Control of aeration rates Control of aeration rates Perform calculations and use them to operate and control plant TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: Total marked the activities which you checked. Adjustment of wastewater levels or flow patterns through a lagoon system Control of recirculation rates to trickling filters or rotating biological contactor (RBC) Operation of chlorine feed rates for disinfection Operation of digesters and/or solids Control of aeration rates Control of aeration			Adjustment of wastewater levels or flow patterns through a lagoon system Control of recirculation rates to trickling filters or rotating biological contactor (RBC) Operation of chlorine feed rates for disinfection	
				n Operations Sec	
The following activities are acceptable for collection system operating experience. Please place a check mark beside each activity wyou perform. List the total percentage of time which you spend performing all of the activities which you checked. Operation & maintenance (O & M) of pumps Manhole maintenance and repairs Leak detection Line repair Line installation Line installation Line cleaning Work on t.v. crew O & M of lines and equipment TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES:		Manhole maintenance and repairs Leak detection Line repair Line cleaning			
0/ T '			12-4-2		and an about
% Time			List any duties	not covered in the	e sections above.

		ons, see Number 7, page 3.) for your TOTAL activities in this job.)			
Employed: F	From To Title of Your	Position:			
Facility At Which Employed: Immediate Supervisor:					
TN NPDES #	or TN PWSID #	Average Number Hours Worked Per Week:			
	Water Treatmer				
The following a which you perfo	ctivities are acceptable for water treatment plant op orm. List the <u>total</u> percentage of time which you spe	erating experience. Please place a check mark beside each activity end performing all of the activities which you checked.			
	Operation & maintenance (O & M) of pretreatment systems O & M of coagulant feed systems O & M of filtration systems O & M of filtration systems O & M of stabilization feed systems O & M of hypochlorination and gas chlorination systems O & TIME SPENT IN THE ABOVE CHECKED ACTIVITIES:				
The following a		em Operations Section n operating experience. Please place a check mark beside each activity end performing all of the activities which you checked.			
Ope O & O & O & Dist	eration & maintenance (O & M) of pumps M of booster station M of fire hydrants M of valves M of storage tanks ribution system flushing E SPENT IN THE ABOVE CHECKED ACTIVITIES:	Pipeline installation Installation of taps Leak detection Leak repairs Meter reading Cross Connection Control			
T	Wastewater Treatr				
activity which y	ctivities are acceptable for wastewater treatment ploud perform. List the total percentage of time which	ant operating experience. Please place a check mark beside each you spend performing all of the activities which you checked.			
Clean Suction	Interpret process control data for plant operations Cleaning and maintenance of preliminary treatment, such as bar screens, grit chambers, comminutors, etc. Control of solids pumping from clarifiers Control of scum removal in clarifiers Control of return and waste sludge rates Control of aeration rates Control of aeration rates Perform calculations and use them to operate and control plant TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES: Adjustment of wastewater levels or flow patterns through a lagoon system Control of recirculation rates to trickling filters rotating biological contactor (RBC) Operation of chlorine feed rates for disinfection of digesters and/or solids conditioning processes Perform laboratory control tests Interpret lab results to improve effluent quality				
	Collection Syste	m Operations Section			
The following a	Collection System Operations Section The following activities are acceptable for collection system operating experience. Please place a check mark beside each activity which you perform. List the total percentage of time which you spend performing all of the activities which you checked.				
Operation & maintenance (O & M) of pumps O & M of lift stations O & M of valves Line installation Installation of service connections O & M of lines and equipment TOTAL % TIME SPENT IN THE ABOVE CHECKED ACTIVITIES:					
% Time	List any duties	not covered in the sections above.			

Job C: (For instructions, see Number 7, page 3.) (Do not show more than 100% for your TOTAL activities in this job.)						
Employed: Fr	Employed: From To Title of Your Position:					
	Facility At Which Employed: Immediate Supervisor:					
		Average Number Hours Worked Per Week:				
	Water Tre	eatment Operations Section				
The following ac	tivities are acceptable for water treatment pm. List the total percentage of time which	plant operating experience. Please place a check mark beside each activity you spend performing all of the activities which you checked.				
Oper O & !	Operation & maintenance (O & M) of pretreatment systems O & M of coagulant feed systems O & M of filtration systems O & M of fluoride feed systems O & M of stabilization feed systems O & M of hypochlorination and gas chlorination systems O & TIME SPENT IN THE ABOVE CHECKED ACTIVITIES:					
	Distribution	n System Operations Section				
The following ac which you perfor		system operating experience. Please place a check mark beside each activity you spend performing all of the activities which you checked.				
Oper O & ! O & ! O & ! O & ! O & ! O & ! O & !	ation & maintenance (O & M) of pumps of the station of the station of fire hydrants of the storage tanks of storage tanks obtained system flushing SPENT IN THE ABOVE CHECKED ACTIVE	Pipeline installation Installation of taps Leak detection Leak repairs Meter reading Cross Connection Control				
	Wastewater	Treatment Operations Section				
The following ac	tivities are acceptable for wastewater treat	ment plant operating experience. Please place a check mark beside each which you spend performing all of the activities which you checked.				
Interp Clear such Control Cont	oret process control data for plant operation and maintenance of preliminary treatments bar screens, grit chambers, comminuter rol of solids pumping from clarifiers rol of scum removal in clarifiers rol of return and waste sludge rates rol of aeration rates orm calculations and use them to operate a rol plant SPENT IN THE ABOVE CHECKED ACTIVE	Adjustment of wastewater levels or flow patterns through a lagoon system Control of recirculation rates to trickling filters or rotating biological contactor (RBC) Operation of chlorine feed rates for disinfection Operation of digesters and/or solids conditioning processes Perform laboratory control tests Interpret lab results to improve effluent quality				
	Collection	System Operations Section				
The following ac		operating experience. Please place a check mark beside each activity which end performing all of the activities which you checked.				
Oper O & ! O & !	ation & maintenance (O & M) of pumps M of lift stations M of valves installation of service connections M of lines and equipment SPENT IN THE ABOVE CHECKED ACTIVENTIME SPENT IN THE ABOVE CHECKED ACTIVENT ACTIVE	Manhole maintenance and repairs Leak detection Line repair Line cleaning Work on t.v. crew				
% Time	List any	duties not covered in the sections above.				
	·					

	Additional Information or Comments (You may attach additional pages.)
	······································
8.	Attach check or money order for \$65.00 application fee, made payable to Treasurer, State of Tennessee, and mail to the address listed below. Application cannot be reviewed without receipt of proper fee amount. All application fees are non-refundable. Please note: Applications cannot be faxed .
	Have you attached your check or money order for \$ 65,002 Yes No.
	Have you attached your check or money order for \$ 65.00? Yes No Have you attached proof of H.S. education or equivalent? Yes No
	If applicable, have you requested that your college transcript be sent to the Certification Board?
	Yes No If applicable, have you attached proof of attendance at related schools or course work?
	Yes No
	Make check or money order payable to Treasurer , State of Tennessee.
	Mail application, all supporting documentation, and check/money order for \$ 65.00 to:

Operator Certification Board Julian R. Fleming Training Center 2022 Blanton Drive Murfreesboro, TN 37129 (615) 898-8090

Verification of work experience must be documented by a certified the applicant's work experience. However, if no such person is authority with the system.	d operator of a similar or higher of available, experience may be do	classification, familiar with ocumented by a person in
I hereby certify the information contained in the work experient to the best of my knowledge.	ce section of this application	is true and correct
I have observed this applicant for years.		
Name of Certified Operator documenting work experience: (Please Print)	Certification Number (s):	
Signature of Certified Operator:		
Complete This Section Only If A Certified Operator Of Similar O	r Higher Classification Is Not	Available
Printed name and signature of person in authority of the	System's Person in Author	
applicant's system documenting work experience: (if different than above)	Position Title: (if different than above)	
Name of facility/utility/system:	Telephone number: (include area code)	
Address: (number and street)		
City:	State:	Zip code:
Application must be signed, dated, and notarized. By signing, application correct to the best of his/her knowledge.	icant verifies that all information su	upplied on this application is
I certify that the information submitted is co	rrect to the best of my knowle	edge.
Date of Application	Signature of applicant	
Sworn and subscribed before me this day of		.
Notary Public		
My commission expires	NO	TARY SEAL
Disability: Applicants with disabilities which affect their ability to partial alternative examination and/or assistance or accommodation examination procedure may substitute another examination.	n. Applicants deemed as unable to	participate in regular written

information call: (615) 898-8090 or check the box below.

Please mail information on alternative examinations, assistance and accommodations